

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 4, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP rendered on 8/15/03.

II. RATIONALE

Review of the requestor's position statement dated 9/12/03 partially states; "...TWCC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.202, Subsection (e)(6), subparagraph (C). This rule states to reimburse the examining doctor, other than the treating doctor **\$350.00 for MMI evaluations**. TWCC addresses Impairment Rating (IR) Evaluations with Rule 134.202, Subsection (e)(6), Subparagraph (D). This rule states if a full physical evaluation, with range of motion, is performed, **reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00**. As well, Rule 134.202, Subsection (3)(6), Subparagraph (B)(iii), if the examining doctor determines MMI has been reached and an IR evaluation is performed, **both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed...**"

Review of the carrier's position statement dated 1/23/04 partially states; "...It is the carrier's position the examination included range of motion and range of motion was not used to complete an impairment evaluation table. An impairment evaluation table was not necessary because the impairment was based on a Diagnosis Related Estimate table...As stated in the requestor's 09/12/03 letter included in the requestor's TWCC 60 packet, the requestor reported the impairment rating is based on the 'Diagnosis Related Estimate (DRE) method found in the AMA Guides 4th edition' only...The reimbursement for an impairment based on the Diagnosis Related Estimate is \$150 per TWCC Rule 134.202 and this carrier reimbursed the requestor \$150. The requestor's argument appears to be that additional reimbursement is due per TWCC Rule 134.202, once for (e)(6)(D)(iii)(I) AND AGAIN for (II)...It is the carrier's position that the requestor is requesting reimbursement for the impairment rating of the knee TWICE. Once under TWCC Rule 134.202 (e)(D)(ii)(li)(a) [sic] and once under (e)(D)(iii)(II)(b). It is the carrier's position that the requestor rated only one area, the knee, by only one method, Diagnostic Related Estimate and only one reimbursement for an impairment was due..."

The requestor billed the carrier for date of service 8/15/03, CPT code 99456-WP in the amount of \$650.00. The carrier paid the requestor the amount of \$500.00 and denied the remaining balance of \$150.00 as "F-The charge for the procedure exceeds the amount indicated in the Fee Schedule."

According to TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the "Work related or medical disability examination by other than the treating physician..." CPT code. Reimbursement shall be \$350.00 for the MMI evaluation. According to TWCC Rule 134.202 (e)(D)(iii)(II) \$150 for each body area if the Diagnosis Related estimates (DRE) method found in the AMA Guides 4th edition is used. The requestor billed for the DRE method found in the AMA Guides 4th edition, reimbursement is therefore \$150.00 for each body area. According to TWCC Rule 134.202 (e)(6)(D)(iii)(II)(b)(2); the requestor billed for the lower extremities in the amount of \$150.00. The requestor is therefore entitled to additional reimbursement in the amount of \$150.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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